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FISCAL IMPACT STATEMENT

LS 6952
BILL NUMBER: HB 1218

NOTE PREPARED: Jan 12, 2014
BILL AMENDED:

SUBJECT: Drug Treatment and Reporting.

FIRST AUTHOR: Rep. Davisson
FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: X **GENERAL**
DEDICATED
FEDERAL

IMPACT: State

Summary of Legislation: *Standards & Protocols for Opioid Treatment*- The bill requires the Division of Mental Health and Addiction (DMHA) to establish standards and protocols for opioid treatment programs to do the following: (1) Assess new opioid treatment program patients to determine the most effective but least addictive opioid treatment drugs to start the patient's opioid treatment. (2) Transition appropriate opioid treatment program patients who are receiving methadone for opioid treatment to less addictive opioid treatment drugs. It allows the DMHA to grant a modification or waiver of the standards and protocols for a patient based on an evaluation and the treatment needs of that patient. The bill requires an opioid treatment program to follow the standards and protocols adopted by the DMHA for each opioid treatment program patient. The bill also provides a list of the drugs that may be used by an opioid treatment program as a less addictive replacement for methadone.

Methadone Clinic Reporting- The bill requires the dispenser at an opioid treatment program to transmit certain information to the DMHA. The bill provides that the information is subject to federal patient confidentiality regulations. The bill requires the DMHA to report on the information collected.

Methadone Pain Management Protocol- The bill requires the Medical Licensing Board to adopt rules to establish standards and protocols for the prescribing of methadone for pain management.

Pharmacy Board- The bill requires that the Board of Pharmacy adopt a rule requiring a practitioner and opioid treatment program to check the Indiana Scheduled Prescription Electronic Collection and Tracking Program (INSPECT) before initially prescribing a controlled substance to a patient and periodically during the course of treatment that uses a controlled substance.

Monitoring and Reporting of Prescription Drugs- The bill provides that beginning January 1, 2015, the Pharmacy Board shall provide for the modification of the controlled substance prescription monitoring program to: (1) accept prescription drug information; and (2) monitor all prescription drugs; in the same manner as controlled substances. The bill provides that beginning January 1, 2015, any person who is required by the central repository for controlled substances data law to transmit controlled substance information to the INSPECT program must submit all prescription drug information to the INSPECT program in the same manner as controlled substance information is transmitted. The bill provides that the prescription drug information is confidential and may not be released to a law enforcement officer or law enforcement agency, except for controlled substances.

(The introduced version of this bill was prepared by the Commission on Mental Health and Addiction.)

Effective Date: Upon passage; July 1, 2014.

Explanation of State Expenditures: *Standards & Protocols for Opioid Treatment*- No additional cost, other than additional staff time would be required for the DMHA to carry out the requirements of this provision.

Methadone Clinic Reporting- It is likely that the DMHA would be able to report the required information during regular meetings of the Commission on Mental Health and Addiction and the Health Finance Commission.

Methadone Pain Management Protocol- The Medical Licensing Board (MLB) would likely be able to adopt emergency rules within its existing schedule of board meetings. The MLB typically meets about once per month. However, if emergency rules development required additional meetings, an MLB meeting is estimated to cost $1,040.

Pharmacy Board- The Pharmacy Board would be able to adopt the required rules within the course of a regularly scheduled meeting of the Board.

Monitoring and Reporting of Prescription Drugs- This provision would require pharmacists to report all prescription drugs to INSPECT in the same manner as controlled substances. The PLA's current contract with their vendor does not cover the changes that this provision would require to be made to INSPECT. The PLA is currently sending a new RFP (request for procurement) to vendors to upgrade INSPECT that would cover this provision along with accumulation of additional data.

Additional Information: The PLA has an existing contract with a vendor for services provided to INSPECT. The current contract services do not cover the updates the bill would require. The contract payment total is $348,545 in four installments, of which the remaining balance of $30,000 is payable to the vendor in FY 2014. The current contract expires on February 15, 2014.

INSPECT maintains information regarding controlled substances. Pharmacists are required to report the following information to the INSPECT program when dispensing opioids (IC 35-48-7-8.1):

(1) The patient's name.
(2) The patient's date of birth.
(3) The National Drug Code number of the dispensed controlled substance.
(4) The date the controlled substance was dispensed.

(5) The quantity of the dispensed controlled substance.
(6) The U.S. Drug Enforcement Agency registration number of the dispenser or prescriber.
(7) Other data required by the program.

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: DMHA, FSSA; Family and Social Services Administration (FSSA); Professional Licensing Agency (PLA); Pharmacy Board; Medical Licensing Board.

Local Agencies Affected:

Information Sources: Kevin Moore, Division of Mental Health and Addictions, FSSA, 232-7860; Ben Evans, PLA, 234-1987; Greg Pachmayr, PLA, 234-2067; PLA RFP approved 8/24/2013.

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